

14042 U.S. PTO  
011604

REV. 04/03  
For Other Than A Small Entity

Docket No. 174/305

17302 U.S. PTO  
10/759915

011604

Applicants : Yan Chong et al.

For : LOOP CIRCUITRY WITH LOW-PASS NOISE FILTER

EXPRESS MAIL CERTIFICATION

Express Mail Label Number EV242440128US

Date of Deposit January 16, 2004

I hereby certify that this transmittal letter and the other papers and fees identified in this transmittal letter as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Mail Stop PATENT APPLICATION, Hon. Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.

  
Julian Garcia

Mail Stop PATENT APPLICATION  
Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER FOR EXECUTED  
ORIGINAL PATENT APPLICATION

Sir:

Transmitted herewith for filing are the  
[X] specification; [X] claims; [X] abstract; [X] executed  
declaration; [X] non-publication request pursuant to  
37 C.F.R. § 1.213(a); and [X] application data sheet, for  
the above-identified patent application.

Also transmitted herewith are:

[X] Five (5) sheets of:

[ ] Formal drawings.

[X] Informal drawings. Formal drawings will be filed  
during the pendency of this application.

☐ Certified copy(ies) of application(s)

(country)	(appln. no.)	(filed)
(country)	(appln. no.)	(filed)
(country)	(appln. no.)	(filed)

from which priority is claimed.

☐ An assignment of the invention to \_\_\_\_\_

☐ A check in the amount of \$\_\_\_\_\_ to cover the recording fee.

☐ Please charge \$40.00 to Deposit Account No. 06-1075 in payment of the recording fee. A duplicate copy of this transmittal letter is transmitted herewith.

☐ An associate power of attorney.

The filing fee has been calculated as shown below:

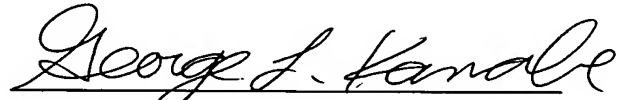
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE				\$ 770.00
TOTAL CLAIMS	40 - 20 = 20	X \$ 18 =		\$ 360.00
INDEPENDENT CLAIMS	3 - 3 = 0	X \$ 86 =		\$ 0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS		+ \$290 =		\$ 0.00
		TOTAL		<u>\$1,130.00</u>

☒ A check in the amount of \$1,130.00 in payment of the filing fee is transmitted herewith.

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George L. Kanabe

Registration No. 51,858

Agent for Applicants

FISH & NEAVE

Customer No. 36981

1251 Avenue of the Americas

New York, New York 10020-1104

Tel.: (212) 596-9000

Fax: (212) 596-9090

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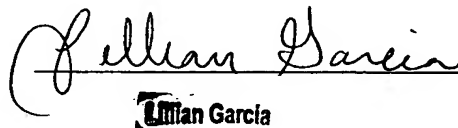
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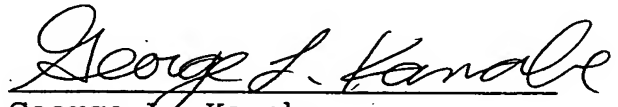
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George L. Kanabe  
Registration No. 51,858  
Agent for Applicants  
FISH & NEAVE  
Customer No. 36981  
1251 Avenue of the Americas  
New York, New York 10020-1104  
Tel.: (212) 596-9000  
Fax: (212) 596-9090